

<i>SERFF Tracking Number:</i>	<i>USPH-6Q4NSK979/00-00/00-00/00</i>	<i>State:</i>	<i>Wisconsin</i>
<i>Filing Company:</i>	<i>Erie Insurance Exchange</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>WIF4-0806-APP</i>		
<i>TOI:</i>	<i>05.0 CMP Liability and Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
<i>Product Name:</i>	<i>FS 8/1/06 Application and Declaration Page</i>		
<i>Project Name/Number:</i>	<i>FS 8/1/06 Application and Declaration Page/WIF4-0806-APP</i>		

## Filing at a Glance

Company: Erie Insurance Exchange  
Product Name: FS 8/1/06 Application and Declaration Page  
TOI: 05.0 CMP Liability and Non-Liability  
Sub-TOI: 05.0003 Commercial Package  
Filing Type: Form

SERFF Tr Num: USPH-6Q4NSK979/00-00/00-00/00  
SERFF Status: Closed  
Co Tr Num: WIF4-0806-APP  
Co Status:  
Authors: Teresa Wilczynski, Stephanie Yeager  
Date Submitted: 05/24/2006

State: Wisconsin  
State Tr Num:  
State Status:  
Reviewer(s): Karen Becker  
Disposition Date: 05/24/2006  
Disposition Status: Deemed Approved  
Effective Date (New):  
Effective Date (Renewal):

Effective Date Requested (New): 08/01/2006  
Effective Date Requested (Renewal):

## General Information

Project Name: FS 8/1/06 Application and Declaration Page  
Project Number: WIF4-0806-APP  
Reference Organization:  
Reference Title:  
Filing Status Changed: 05/24/2006  
State Status Changed: 05/24/2006  
Corresponding Filing Tracking Number:  
Filing Description:

Status of Filing in Domicile:  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
Deemer Date:

## Company and Contact

### Filing Contact Information

Teresa Wilczynski, Product Development Specialist I  
100 Erie Insurance Place  
Erie, PA 16530

Teresa.wilczynski@erieinsurance.com  
(800) 458-0811 [Phone]  
(814) 870-4383[FAX]

### Filing Company Information

*SERFF Tracking Number:*      *USPH-6Q4NSK979/00-00/00-00/00*      *State:*      *Wisconsin*  
*Filing Company:*      *Erie Insurance Exchange*      *State Tracking Number:*  
*Company Tracking Number:*      *WIF4-0806-APP*  
*TOI:*      *05.0 CMP Liability and Non-Liability*      *Sub-TOI:*      *05.0003 Commercial Package*  
*Product Name:*      *FS 8/1/06 Application and Declaration Page*  
*Project Name/Number:*      *FS 8/1/06 Application and Declaration Page/WIF4-0806-APP*

Erie Insurance Exchange	CoCode: 26271	State of Domicile: Pennsylvania
100 Erie Insurance Place	Group Code: 213	Company Type: Property/Casualty
Erie, PA 16530	Group Name:	State ID Number:
(814) 458-0811 ext. [Phone]	FEIN Number: 25-6038677	
	-----	

<i>SERFF Tracking Number:</i>	<i>USPH-6Q4NSK979/00-00/00-00/00</i>	<i>State:</i>	<i>Wisconsin</i>
<i>Filing Company:</i>	<i>Erie Insurance Exchange</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>WIF4-0806-APP</i>		
<i>TOI:</i>	<i>05.0 CMP Liability and Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
<i>Product Name:</i>	<i>FS 8/1/06 Application and Declaration Page</i>		
<i>Project Name/Number:</i>	<i>FS 8/1/06 Application and Declaration Page/WIF4-0806-APP</i>		

## **Filing Fees**

Fee Required?	No
Retaliatory?	No
Fee Explanation:	N
Per Company:	No

SERFF Tracking Number:	USPH-6Q4NSK979/00-00/00-00/00	State:	Wisconsin
Filing Company:	Erie Insurance Exchange	State Tracking Number:	
Company Tracking Number:	WIF4-0806-APP		
TOI:	05.0 CMP Liability and Non-Liability	Sub-TOI:	05.0003 Commercial Package
Product Name:	FS 8/1/06 Application and Declaration Page		
Project Name/Number:	FS 8/1/06 Application and Declaration Page/WIF4-0806-APP		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Deemed Approved	Karen Becker	05/24/2006	05/24/2006

*SERFF Tracking Number:*      *USPH-6Q4NSK979/00-00/00-00/00*      *State:*      *Wisconsin*  
*Filing Company:*      *Erie Insurance Exchange*      *State Tracking Number:*  
*Company Tracking Number:*      *WIF4-0806-APP*  
*TOI:*      *05.0 CMP Liability and Non-Liability*      *Sub-TOI:*      *05.0003 Commercial Package*  
*Product Name:*      *FS 8/1/06 Application and Declaration Page*  
*Project Name/Number:*      *FS 8/1/06 Application and Declaration Page/WIF4-0806-APP*

## **Disposition**

Disposition Date: 05/24/2006

Effective Date (New):

Effective Date (Renewal):

Status: Deemed Approved

Comment: Long Description: Used with form filings that are not reviewed and where OCI relies on the certification of compliance. The filing is deemed approved for use 30 days after receipt. Please note that this disposition applies only to forms. Property and casualty rates/rules must be submitted as a separate filing. Short Description: Deemed approved

Standard Law: s. 631.20(1), Wis. Stat. and INS 6.05, Wis. Adm. Code

Comments:

Rate data does NOT apply to filing.

SERFF Tracking Number: *USPH-6Q4NSK979/00-00/00-00/00* State: *Wisconsin*  
 Filing Company: *Erie Insurance Exchange* State Tracking Number:  
 Company Tracking Number: *WIF4-0806-APP*  
 TOI: *05.0 CMP Liability and Non-Liability* Sub-TOI: *05.0003 Commercial Package*  
 Product Name: *FS 8/1/06 Application and Declaration Page*  
 Project Name/Number: *FS 8/1/06 Application and Declaration Page/WIF4-0806-APP*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification of Compliance		Yes
Supporting Document	NAIC Uniform Transmittal Document		Yes
Supporting Document	Fivestar 8/1/06 Application and Declaration Page		Yes
Supporting Document	Fivestar 8/1/06 Application and Declaration Page		Yes
Supporting Document	Fivestar 8/1/06 Application and Declaration Page		Yes
Supporting Document	Fivestar 8/1/06 Application and Declaration Page		Yes
Supporting Document	Fivestar 8/1/06 Application and Declaration Page		Yes

<i>SERFF Tracking Number:</i>	<i>USPH-6Q4NSK979/00-00/00-00/00</i>	<i>State:</i>	<i>Wisconsin</i>
<i>Filing Company:</i>	<i>Erie Insurance Exchange</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>WIF4-0806-APP</i>		
<i>TOI:</i>	<i>05.0 CMP Liability and Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
<i>Product Name:</i>	<i>FS 8/1/06 Application and Declaration Page</i>		
<i>Project Name/Number:</i>	<i>FS 8/1/06 Application and Declaration Page/WIF4-0806-APP</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: USPH-6Q4NSK979/00-00/00-00/00 State: Wisconsin  
Filing Company: Erie Insurance Exchange State Tracking Number:  
Company Tracking Number: WIF4-0806-APP  
TOI: 05.0 CMP Liability and Non-Liability Sub-TOI: 05.0003 Commercial Package  
Product Name: FS 8/1/06 Application and Declaration Page  
Project Name/Number: FS 8/1/06 Application and Declaration Page/WIF4-0806-APP

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification of Compliance 11/01/2007

**Comments:**

Certificate of compliance

**Attachment:**

WI FS Certificate of Compliance - WI App 8-1-06.pdf

### Review Status:

**Satisfied -Name:** NAIC Uniform Transmittal Document 11/01/2007

**Comments:**

Transmittal

**Attachment:**

WI FS P&C Transmittal Doc -2006.pdf

### Review Status:

**Satisfied -Name:** Fivestar 8/1/06 Application and Declaration Page 11/01/2007

**Comments:**

Cover Letter

**Attachment:**

WI FS Cover Letter.pdf

### Review Status:

**Satisfied -Name:** Fivestar 8/1/06 Application and Declaration Page 11/01/2007

**Comments:**

Test Dec

**Attachment:**

WI FS Test Dec.pdf

### Review Status:

**Satisfied -Name:** Fivestar 8/1/06 Application and 11/01/2007



*SERFF Tracking Number:*      *USPH-6Q4NSK979/00-00/00-00/00*      *State:*      *Wisconsin*  
*Filing Company:*      *Erie Insurance Exchange*      *State Tracking Number:*  
*Company Tracking Number:*      *WIF4-0806-APP*  
*TOI:*      *05.0 CMP Liability and Non-Liability*      *Sub-TOI:*      *05.0003 Commercial Package*  
*Product Name:*      *FS 8/1/06 Application and Declaration Page*  
*Project Name/Number:*      *FS 8/1/06 Application and Declaration Page/WIF4-0806-APP*  
**Declaration Page**

**Comments:**

UF-2321

**Attachment:**

UF-2321-0806 (1).pdf

SERFF Tracking Number: USPH-6Q4NSK979/00-00/00-00/00 State: Wisconsin  
Filing Company: Erie Insurance Exchange State Tracking Number:  
Company Tracking Number: WIF4-0806-APP  
TOI: 05.0 CMP Liability and Non-Liability Sub-TOI: 05.0003 Commercial Package  
Product Name: FS 8/1/06 Application and Declaration Page  
Project Name/Number: FS 8/1/06 Application and Declaration Page/WIF4-0806-APP

**Review Status:**

**Satisfied -Name:** Fivestar 8/1/06 Application and Declaration Page 11/01/2007

**Comments:**

Application  
UF-2312

**Attachment:**

UF-2312-0806 (3).pdf

**Review Status:**

**Satisfied -Name:** Fivestar 8/1/06 Application and Declaration Page 11/01/2007

**Comments:**

UF-2329

**Attachment:**

UF-2329-0806.pdf

## CERTIFICATE OF COMPLIANCE

I, Raymond E. Leeds, an officer of

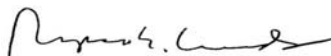
NAME

Erie Insurance Exchange

COMPANY NAME

That I have authority to bind and obligate the company by filing this (these) forms(s). I further certify that, to the best of my information, knowledge and belief:

1. The accompanying form(s) as identified by the attached listing comply(ies) with all applicable provisions of the Wisconsin statutes and with all applicable administrative rules of the Director of Insurance;
2. The form(s) does (do) not contain any inconsistent, ambiguous or misleading clauses;
3. The form(s) does (do) not contain specifications or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form(s);
4. The only variation from a form currently on file with the Director of Insurance and the only unconventional policy provisions are clearly marked or otherwise indicates on pages of the attached form(s) or in an attachment; and
5. The attached form(s) is (are) in final printed format or typed facsimile copy and is (are) as will be offered for issuance or delivery in Illinois after approval by the Director of Insurance, except for hypothetical data and other appropriate variable material.



SIGNATURE

Vice President and Manager, Product Development Department

TITLE

May 24, 2006

DATE

Individual responsible for filing:

Name: Teresa Wilczynski Title: Product Development Specialist

Address: 100 Erie Insurance Place, Erie, Pa. 16501-9932

Telephone 800-458-0811, extension 2873

Date: 5/24/06

Number: Fax: (814) 461-2911

## Property &amp; Casualty Transmittal Document (Revised 1/1/06)

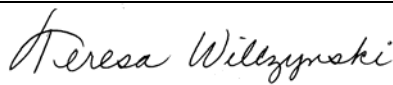
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Erie Insurance Exchange		26271	25 6038677

<b>5. Company Tracking Number</b>	WIF4-0806-APP
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Teresa Wilczynski 100 Erie Insurance Place Erie, PA 16530-0001	Specialist	1-800-458-0811 Ext: 2873	1-814-461-7430	Teresa.wilczynski@erieinsurance.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Teresa Wilczynski			

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Commercial Multi-Peril
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Commercial Multi-Peril
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	WIF4-0806-APP
<b>12. Company Program Title (Marketing title)</b>	Fivestar Contractors'
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input checked="" type="checkbox"/> Other (give description) <b>Applications and Declaration Pages</b>
<b>14. Effective Date(s) Requested</b>	New: 8/1/06   Renewal: 8/1/06
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	5/24/06
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>WIF4-0806-APP</b>
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Application and declaration Page Filing – See cover letter

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #: N/A</b> <b>Amount:</b></p>          <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



## ERIE INSURANCE EXCHANGE

Erie Indemnity Company, Attorney-in-Fact • Members Erie Insurance Group  
Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • (814) 870-2000 • Toll Free 1-800-458-0811

May 24, 2006

Mr. Jorge Gomez  
Commissioner of Insurance  
Bureau of Market Regulation  
Office of the Commissioner of Insurance  
GEF III, 2<sup>nd</sup> Floor  
125 South Webster Street  
P. O. Box 7873  
Madison, WI 53702

ATTENTION: Mr. Phil Kress, Chief  
Property & Casualty Division

Re: **Filing of Fivestar Contractors' Applications & Declaration Page**  
**ERIE INSURANCE EXCHANGE**  
**Federal ID No. 256038677, NAIC No. 26271**

Dear Mr. Kress:

Please approve the applications and Declaration page enclosed to be used for Fivestar Contractors' **effective on and after August 1, 2006.**

We added language pursuant to Section 631.11 regarding rescission for misrepresentation. Basically, the application was created with wording that would allow the insurer to rescind due to misrepresentation in the application and states the application is an endorsement to the policy and will become a part of the policy.

We trust this filing meets with your approval. If you have any questions, please contact me at 1-800-458-0811, ext. 2873.

Sincerely,

ERIE INSURANCE EXCHANGE

Teresa Wilczynski, AIS, CPIW  
Product Development Specialist  
Product Development Department  
E-mail: [teresa.wilczynski@erieinsurance.com](mailto:teresa.wilczynski@erieinsurance.com)



**Erie Insurance**  
100 Erie Insurance Place  
Erie, PA 16530

## NEW DECLARATIONS

**ERIE INSURANCE EXCHANGE  
FIVESTAR CONTRACTORS POLICY**

AGENT	ITEM 2. POLICY PERIOD	POLICY NUMBER
<b>WW1895 KIMBERLY PAULSON AGENCY</b>	<b>08/09/06 TO 08/09/07</b>	<b>Q32 0926701 WI</b>

ITEM 1. NAMED INSURED AND ADDRESS	ITEM 3. OTHER INTEREST
<b>GLORIA MERSHON 2915 N 72ND ST MILWAUKEE WI 53210-1109</b>	

POLICY PERIOD BEGINS AND ENDS AT 12.01 A.M. STANDARD TIME AT THE STATED ADDRESS OF THE NAMED INSURED.

THE ERIE'S LIMIT OF LIABILITY IS STATED BELOW. THIS IS SUBJECT TO ALL APPLICABLE TERMS OF THE POLICY AND ATTACHED FORMS AND ENDORSEMENTS.

## LIABILITY COVERAGE

EACH OCCURRENCE LIMIT	LIMITS OF INSURANCE
DAMAGE TO PREMISES	\$ 1,000,000
RENTED TO YOU LIMIT	\$ 1,000,000 ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$ 5,000 ANY ONE PERSON
PERSONAL & ADVERTISING INJURY LIMIT	\$ 1,000,000 ANY ONE PERSON OR ORGANIZATION
GENERAL AGGREGATE LIMIT	\$ 2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000

## SCHEDULE OF INSURED'S OPERATIONS

INSURED'S OPERATION	STATE	NUMBER OF EMPLOYEES	DEPOSIT PREMIUM
AIR CONDITIONING AND HEATING SYSTEMS	WI	FULL TIME PART TIME	\$ INCL \$

TOTAL LIABILITY PREMIUM - \$ 1890.

TOTAL PROPERTY PREMIUM - EXCL

TOTAL DEPOSIT PREMIUM - \$ 1890.

APPLICABLE FORMS AND APPLICATION - SEE SCHEDULE OF FORMS AND APPLICATIONS

00001

1742

(SEE REVERSE SIDE)

RETURNED CHECK FEE WILL BE ADDED TO YOUR ACCOUNT

SEE REVERSE SIDE

GSM

05/10/06

↑ DETACH	<b>INVOICE</b>	• NAMED INSURED — PLEASE REFER TO PAYMENT PLAN INFORMATION ON REVERSE SIDE. • PLEASE MAKE CHECK PAYABLE TO ERIE INSURANCE GROUP. SHOW YOUR POLICY NUMBER ON THE CHECK AND RETURN THIS STUB WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.	↑ DETACH
AGENT	POLICY NUMBER	DATE DUE	PAYMENT DUE
<b>WW1895 KIMBERLY PAULSON AGENCY Q32 0926701 WI</b>			
<b>GLORIA MERSHON 2915 N 72ND ST MILWAUKEE WI 53210-1109</b>		<b>SEE INVOICE ON FIRST PAGE</b>	
		<b>ERIE INSURANCE</b> 100 Erie Insurance Place Erie, PA. 16530	
PLEASE DO NOT WRITE BELOW THIS LINE ↓			
ADDRESS CHANGE			
-232318953209267010021300000001-006300000189000-			

IF YOU DESIRE TO CHANGE  
PAYMENT PLAN, WRITE IN  
YOUR CHOICE HERE  
(SEE REVERSE SIDE)

## SCHEDULE OF FORMS AND APPLICATIONS

FORM NUMBER	EDITION DATE	DESCRIPTION
APP		APPLICATION(S)
FS	02/02 *	FIVESTAR CONTRACTORS POLICY
UF4485	09/05 *	IMPORTANT NOTICE - ASBESTOS EXCLUSION
UF4505	10/05 *	IMPORTANT NOTICE TO WISCONSIN POLICYHOLDERS
UF4510	01/06 *	ATTENTION POLICYHOLDERS
UF4588	07/06 *	IMPORTANT NOTICE REGARDING SILICA OR SILICA-RELATED DUST EXCLUSION
UF4611	08/06 *	IMPORTANT NOTICE TO WISCONSIN POLICYHOLDERS
CG0001	10/01 *	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0099	11/85 *	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
CG2147	07/98 *	EMPLOYMENT - RELATED PRACTICES EXCLUSION
GU30	03/01 *	AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS
GU32	03/01 *	EXCLUSION - LEAD LIABILITY
ULQN	01/05 *	EXCLUSION - PROFESSIONAL LIABILITY
FS0003	02/05 *	FIVESTAR CONTRACTORS EXTRA LIABILITY COVERAGES
ULOW	03/01 *	COVERAGE FOR PUNITIVE DAMAGES (MD, NC, TN, VA, WI, WV)
CG0124	01/93 *	WISCONSIN CHANGES - AMENDMENT OF POLICY CHANGES
IL0021	07/02 *	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)

Q32 0926701

CONTINUED ON NEXT PAGE

— PLEASE KEEP THIS TOP PORTION —

DP-125, EIC-2125 REV. 8/55

DETACH AND RETURN THIS LOWER PORTION  
WITH YOUR PAYMENT.

DETACH

## PREMIUM PAYMENT PLANS

PLAN A - (NO CHARGE) Pay your full annual premium on or before the policy's effective date.

PLAN B - (NO CHARGE) Pay one-third of your premium by the policy's effective date, another one-third in 30 days, and the balance one month later.

PLAN C - (NOMINAL CHARGE) Pay one-fourth of your premium by the policy's effective date and one-fourth 30 days later. The balance will be due six months from the effective date.

PLAN D - (NOMINAL CHARGE) Pay one-fourth of your premium by the policy's effective date and one-fourth every three months thereafter.

We furnish these liberal payment arrangements to provide you with convenient installments. Please choose the one you prefer and follow its terms to avoid a late notice or cancellation. Reminder statements will be sent if you choose plan A, B, or C. A service charge applies to plans C and D, and any balance owed over ninety days.





Erie  
Insurance®

100 Erie Insurance Place  
Erie, PA 16530

## NEW DECLARATIONS

ERIE INSURANCE EXCHANGE  
FIVESTAR CONTRACTORS POLICY

AGENT	ITEM 2. POLICY PERIOD	POLICY NUMBER
WW1895 KIMBERLY PAULSON AGENCY	08/09/06 TO 08/09/07	Q32 0926701 WI

ITEM 1. NAMED INSURED AND ADDRESS	ITEM 3. OTHER INTEREST
GLORIA MERSHON 2915 N 72ND ST MILWAUKEE WI 53210-1109	

## SCHEDULE OF FORMS AND APPLICATIONS (CONTINUED)

FORM NUMBER	EDITION DATE	DESCRIPTION
IL0283	07/02 *	WISCONSIN CHANGES - CANCELLATION AND NONRENEWAL
UF3371	09/01 *	IMPORTANT NOTICE FOR WISCONSIN POLICYHOLDERS
UF8705*	06/96 *	IMPORTANT NOTICE - NO FLOOD COVERAGE
GU113	07/06 *	SILICA OR SILICA-RELATED DUST EXCLUSION
ULED	09/05 *	EXCLUSION - ASBESTOS
GU90	08/06 *	WISCONSIN AMENDATORY ENDORSEMENT
UF4407	02/05 *	IMPORTANT NOTICE TO POLICYHOLDERS - FIVESTAR CONTRACTORS
FS0001	02/05 *	FIVESTAR CONTRACTORS COMMERCIAL PROPERTY COVERAGE PART
CG2170	11/02 *	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
UF4070*	02/03 *	POLICYHOLDER DISCLOSURE NOTICE TERRORISM INSURANCE COVERAGE
UF4111	02/03 *	IMPORTANT NOTICE TO POLICYHOLDERS - TERRORISM COVERAGE - LIABILITY
CG0062	12/02 *	WAR LIABILITY EXCLUSION
CG2167	04/02 *	FUNGI OR BACTERIA EXCLUSION

00002

17,42

(SEE REVERSE SIDE)

RETURNED CHECK FEES WILL BE ADDED TO YOUR ACCOUNT

GSM

05/10/06

↑  
DETACH

## INVOICE

- NAMED INSURED — PLEASE REFER TO PAYMENT PLAN INFORMATION ON REVERSE SIDE.
- PLEASE MAKE CHECK PAYABLE TO ERIE INSURANCE GROUP. SHOW YOUR POLICY NUMBER ON THE CHECK AND RETURN THIS STUB WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.

↑  
DETACH

AGENT  
WW1895 KIMBERLY PAULSON AGENCY Q32 0926701 WI

POLICY NUMBER

DATE DUE	PAYMENT DUE
08-09-06	630.00
09-09-06	630.00
10-09-06	630.00

PAYMENT PLAN

B

GLORIA MERSHON  
2915 N 72ND ST  
MILWAUKEE WI 53210-1109

IF YOU DESIRE TO CHANGE  
PAYMENT PLAN, WRITE IN  
YOUR CHOICE HERE.  
(SEE REVERSE SIDE)

ERIE INSURANCE

100 Erie Insurance Place Erie, PA. 16530

PLEASE DO NOT WRITE BELOW THIS LINE ↓

ADDRESS CHANGE

-7-232318953209267010021300000001-006300000189000-



Erie  
Insurance®

FOR USE WITH PROPERTY COVERAGES

**(ATTACH TO COMPLETED FIVESTARSM CONTRACTORS APPLICATION)**

**This application is an endorsement to your policy and becomes part of your policy. This entire policy may be voided if the Applicant has concealed or misrepresented any material fact or circumstance concerning application for this insurance. The Applicant applies for insurance and represents the following to be true.**

[illegible]

WAS THIS RISK RATED BY THE QUOTE UNIT? ☐ YES ☐ NO

All grey shaded fill-in areas  
are for Home Office only.

**1** WISCONSIN FIVESTAR<sup>SM</sup>  
CONTRACTORS  
APPLICATION

**ERIE INSURANCE**  
100 Erie Insurance Place Erie, PA 16530

This application is an endorsement to your policy and becomes part of your policy. This entire policy may be voided if the Applicant has concealed or misrepresented any material fact or circumstance concerning application for this insurance. The Applicant applies for insurance and represents the following to be true.

APPLICATION TO: <b>ERIE INSURANCE EXCHANGE</b>	IS POLICY A REWRITE OF A CURRENT "ERIE" POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE POLICY NUMBER	1. POLICY EFFECTIVE FROM — MO/DAY/YR <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. 2. AGENT'S NO. AGENT'S NAME	TO — MO/DAY/YR	UND. CODE 
3. BUSINESS NAME				PHONE NO. ( )
4. APPLICANT				SOCIAL SECURITY NO.
BUS. ADDRESS NO. & STREET				<input type="checkbox"/> INDIV. <input type="checkbox"/> CORP. <input type="checkbox"/> LL.Co. <input type="checkbox"/> PART. <input type="checkbox"/> JOINT V. <input type="checkbox"/> OTHER
CITY	STATE	ZIP	—	
TWP.	COUNTY		CITY/CO. CODE	R U FILE
5. DESCRIBE APPLICANT'S OPERATIONS AND PERCENTAGE OF EACH OPERATION				
6. LOCATION ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)				

**COMMERCIAL GENERAL LIABILITY COVERAGE**

**7. LIMITS OF INSURANCE**

Each Occurrence Limit	\$	,000	
Damage to Premises Rented to You	\$	,000	Any One Premises
Medical Expense Limit	\$	5,000	Any One Person
Personal & Advertising Injury Limit	\$	,000	Any One Person or Organization
General Aggregate Limit	\$	,000	
Products/Completed Operations Aggregate Limit	\$	,000	

H. O. USE

CLASSIFICATIONS (APPLICANT'S OPERATIONS)  
(If eligible for more than one classification, use highest rated classification.)  
(Sole proprietors, partners and officers must be shown as full time employees.)

	TERR.	CLASS CODE	NUMBER OF EMPLOYEES INCLUDING OWNER	RATES	ESTIMATED ANNUAL PREMIUMS
1.			FULL ..... PART TIME .....	\$	\$
2.			FULL ..... PART TIME .....		
3.			FULL ..... PART TIME .....		

VOL. PROP. DAMAGE LIAB. PROT. END'T. (UL-BA) ☐ YES ☐ NO If "Yes," \$ ..... Ea. Occ. \$ ..... Aggr. \$ ..... Ded. \$ .....

SPRAY PAINTING OPERATIONS DEDUCTIBLE (UL-OR) ☐ \$250 ☐ \$500 ☐ \$1,000 (USED WITH SPRAY PAINTING OPERATIONS ONLY.) \$ .....

OPTIONAL COVERAGES:

	\$

**8. LIABILITY FORMS AND ENDORSEMENTS: (H.O. USE ONLY)**

Payment Plan\*  
A B C D MONTHLY  
☐ ☐ ☐ ☐ ☐

ACCT. BILL

☐ No. ....

CASH

DEPOSIT

PREMIUM \$

PAYMENT \$

BALANCE \$

\*A service charge is applied and paid to Erie Indemnity Company for the second and subsequent installments on plans C, D, Account Billing and Monthly Billing.

EARNED PREMIUM	POLICY NO.	AMT. APPLIED	POLICY NO.	AMT. APPLIED

9. CRITERIA FOR SPEED CHECK — If building coverage is written, two photos and building cost estimator are required.		YES	NO
(a) Does the policy have more than one Named Insured? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Any exposures to flammables, explosives or chemicals? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Does the Applicant loan or lease equipment with/without operators? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Will the Applicant accept jobs that are solely new roofing or reroofing? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Has the Applicant ever installed EIFS (Exterior Insulation & Finish Systems) a/k/a synthetic stucco or dryvit on buildings? (If "Yes," DO NOT BIND. Consult Home Office.) .....	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Does the Applicant subcontract any work? (Cost of subcontract work \$ _____) .....	<input type="checkbox"/>	<input type="checkbox"/>	
If "Yes," are certificates of insurance required? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Does the Applicant engage in any operations involving aerospace or aircraft parts or perform any work at or in any airports? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(h) Has the Applicant been in business less than 1 year? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(i) Are the liability limits in excess of \$1,000,000/\$2,000,000? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(j) Is the total Value of Building & Contents in excess of \$1,000,000? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(k) Is any one Inland Marine coverage in excess of \$100,000? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(l) Has the Applicant had any claims in past 5 years? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(m) Has the Applicant ever failed to maintain liability or property insurance on this business during the past 5 years? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(n) Are there premises containing elevators? If "Yes," give locations, number at each location and type. ....	<input type="checkbox"/>	<input type="checkbox"/>	
(o) *Has the Applicant ever been cancelled or refused insurance of any kind by The ERIE or any other insurance carrier? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(p) *Has the Applicant(s) ever been arrested for any reason? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(q) *Has the Applicant filed for bankruptcy in the past five years? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(r) Do you consider this an acceptable risk? .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Signature:</b> _____			
10. Was this risk discussed with Home Office? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" with whom? .....			
11. Branch involvement: <input type="checkbox"/> DISCUSSED <input type="checkbox"/> RATED <input type="checkbox"/> INSPECTED By whom? .....			
12. Does Applicant have other insurance with "ERIE?" <input type="checkbox"/> Yes <input type="checkbox"/> No What type? ..... Under what name(s)? ..... Policy number(s): .....			
13. CERTIFICATES OF INSURANCE—NAME AND ADDRESS 1. .... 2. .... 3. .... 4. ....	SUBMIT OTHER INFORMATION	<input type="checkbox"/> LIMITED EXCLUSION - CONTRACTOR PROFESSIONAL LIABILITY ..... UF-2329 <input type="checkbox"/> CONTRACTOR'S SUPPLEMENTAL ..... UF-2321 <input type="checkbox"/> INLAND MARINE ..... UF-2314	
14. OTHER RATING or UNDERWRITING INFORMATION			
15. FOR PROPERTY OR INLAND MARINE COVERAGES YOU MUST SUBMIT THE SUPPLEMENTAL APPLICATION UF-2321.			

**APPLICANT(S)  
PLEASE READ**

**ANY PERSON WHO KNOWINGLY FILES AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL PENALTIES.**

The Subscriber ("you" or "your") agrees with the other Subscribers at ERIE INSURANCE EXCHANGE ("ERIE"), a Reciprocal/Inter-Insurance Exchange, and with their Attorney-in-Fact, the Erie Indemnity Company ("we" or "us"), a Pennsylvania corporation with its Home Office in Erie, Pennsylvania, to the following:

- 1) You agree to pay your policy premiums and to exchange with other ERIE Subscribers policies providing insurance for any insured loss as stated in those policies.
- 2) You appoint us as Attorney-in-Fact with the power to: a) exchange policies with other ERIE Subscribers; b) take any action necessary for the exchange of such policies; c) issue, change, non-renew or cancel policies; d) obtain reinsurance; e) collect premiums; f) invest and reinvest funds; g) receive notices and proofs of loss; h) appear for, compromise, prosecute, defend, adjust and settle losses and claims under your policies; i) accept service of process on behalf of ERIE as insurer; and j) manage and conduct the business and affairs of ERIE, its affiliates and subsidiaries. This power of attorney is limited to the purposes described in this Agreement.
- 3) You agree that as compensation for us: a) becoming and acting as Attorney-in-Fact; b) managing the business and affairs of ERIE; and c) paying general administrative expenses, including sales commissions, salaries and employee benefits, taxes, rent, depreciation, supplies and data processing, we may retain up to 25% of all premiums written or assumed by ERIE. The rest of the premiums will be used for losses, loss adjustment expenses, investment expenses, damages, legal expenses, court costs, taxes, assessments, licenses, fees, any other governmental fines and charges, establishment of reserves and surplus, and reinsurance, and may be used for dividends and other purposes we decide are to the advantage of Subscribers.
- 4) You agree that this Agreement, including the power of attorney, shall have application to all insurance policies for which you apply at ERIE, including changes in any of your coverages.
- 5) You agree to sign and deliver to us all papers required to carry out this Agreement.
- 6) This Agreement, including the power of attorney, shall not be affected by your subsequent disability or incapacity.
- 7) This Agreement is and shall be binding upon you, us, and all executors, administrators, successors and assigns.

**I certify that I have given true and complete answers to the questions in this application and any attached supplemental application(s). I acknowledge receipt of a copy of the completed application(s), and I understand that the application(s) is(are) an endorsement to my policy.**

In witness whereof  
the Subscriber hereto  
sets his hand and seal

**APPLICANT(S) TO  
ERIE INSURANCE  
EXCHANGE  
SIGN HERE**

**SUBSCRIBER'S  
SIGNATURE  
TITLE**

Date .....

I certify that I have:

- read to the Applicant all of the questions as they are printed on the application and any attached supplemental application(s);
- included all answers as given by the Applicant; and
- given a copy of the completed application and attachments to the Applicant.

Do you consider this an acceptable risk? ..... Agent's Signature .....



# WISCONSIN LIMITED EXCLUSION — CONTRACTORS' PROFESSIONAL LIABILITY APPLICATION

This application is an endorsement to your policy and becomes part of your policy. This entire policy may be voided if the Applicant has concealed or misrepresented any material fact or circumstance concerning application for this insurance. The Applicant applies for insurance and represents the following to be true.

1. NAME OF APPLICANT AND ALL SUBSIDIARIES	
2. ADDRESS (STREET)	3. NUMBER OF YEARS IN BUSINESS
CITY	4. APPLICANT IS:
STATE ZIP CODE	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LIMITED LIABILITY CO.

5. Has Applicant's name been changed or has any other business been purchased or any merger or consolidation taken place? ..... ☐ Yes ☐ No  
If "Yes," please give details: .....

6. Describe Applicant's operations: .....

7. What is the scope of your duties?

Act purely as general contractor on all jobs, no construction management or design duties? ..... ☐ Yes ☐ No

Act as construction manager? ..... ☐ Yes ☐ No Gross Receipts from these jobs \$ .....

Provide design/engineering services? ..... ☐ Yes ☐ No Gross Receipts from these jobs \$ .....

## CONSTRUCTION MANAGEMENT

1. Does the Applicant provide or is the Applicant in any way responsible for any construction management services for others where he/she does not also act as the general contractor in constructing the project? ..... ☐ Yes ☐ No

2. Describe in detail the scope of your duties when acting as a construction manager over the past three years:

Job: .....

Contract .....

Terms: .....

Scope of Responsibilities: .....

3. Number of professional construction management practitioners: .....

## DESIGN/BUILD SERVICES

1. Does the Applicant provide or is the Applicant in any way responsible for any architectural or engineering design services for others where he/she does not also act as the general contractor in constructing the project? ..... ☐ Yes ☐ No

2. How is architectural or engineering design work performed?

Gross receipts of such jobs:  
Past Year Prior Year

No such work is done ..... ☐ Yes ☐ No

By employed licensed professionals ..... ☐ Yes ☐ No \$ ..... \$ .....

By employed staff and approved by outside licensed professionals. ☐ Yes ☐ No \$ ..... \$ .....

By subcontracted work to outside licensed professionals ..... ☐ Yes ☐ No \$ ..... \$ .....

Work is subcontracted to: .....

3. Where such work is done by outside licensed professionals, subcontract cost of this work: \$ .....

Describe in detail the scope of such work: .....

4. Employed professional staff performing design work:	Number employed	Percent of employee's time spent performing design work
Architects	_____	_____
Engineers	_____	_____

5. In which of the following specialties is Applicant engaged: (Please indicate total receipts for all such jobs for the past three years.)
- ☐ Environmental/ Soil Geo ..... \$ .....
- ☐ Structural Engineering ..... \$ .....
- ☐ Civil Engineering ..... \$ .....
- ☐ Combined Structural and Mechanical Engineering ..... \$ .....
- ☐ Architecture ..... \$ .....
- ☐ Mechanical Engineering ..... \$ .....
- ☐ Electrical Engineering ..... \$ .....
- ☐ Acoustical Engineering ..... \$ .....
- ☐ Interior Design ..... \$ .....
- ☐ Land Surveying ..... \$ .....
- ☐ Landscape Design ..... \$ .....
- ☐ Fire Suppression Systems ..... \$ .....
- ☐ Other ..... \$ .....
7. Do you require the subcontract architects and engineers hold you harmless and provide Certificate of Insurance stating this? ☐ Yes ☐ No  
If "Yes," who maintains these certificates and are renewal certificates requested? .....
8. What limits are required of the professional with whom you contract? .....
9. Please submit a copy of the standard contract used with the owner of any project you contract on as well as a copy of the standard contract form used when obtaining professional services from subcontract architects and engineers.

#### GENERAL

1. Please indicate types of projects as a percentage of the Applicant's total receipts: Last Year This Year Last Year This Year
- (MUST HAVE AT LEAST ONE ENTRY)**
- |                                    | Last Year | This Year |                               | Last Year    | This Year    |
|------------------------------------|-----------|-----------|-------------------------------|--------------|--------------|
| Hotel/Motel/Convention Centers     | %         | %         | Other Residential .....       | %            | %            |
| Office Buildings/Retail Outlets .. | %         | %         | Manufacturing/Industrial .... | %            | %            |
| Hospitals .....                    | %         | %         | Facilities .....              | %            | %            |
| Schools/Colleges/Recreational .    | %         | %         | Roads/Highways/Runways        | %            | %            |
| Sports Arenas/Stadiums .....       | %         | %         | Parking Structures .....      | %            | %            |
| Condominiums .....                 | %         | %         | Bridges/Tunnels/Dams .....    | %            | %            |
| Warehouses .....                   | %         | %         | Harbors/Piers/Ports .....     | %            | %            |
|                                    |           |           | Utilities .....               | %            | %            |
|                                    |           |           | <b>Total .....</b>            | <b>100 %</b> | <b>100 %</b> |
2. Have any professional liability claims been made or legal action brought in the past ten years against your firm, its predecessors or any past or present principal, partner, officer, director, or employee? ☐ Yes ☐ No  
If "Yes," give details including the date, allegations, demand or amount of claim, claimant or plaintiff:  
.....  
.....
3. Are you aware of any delays, deficiencies or potential errors and omissions from which might give rise to a claim under the proposed insurance? ☐ Yes ☐ No  
If "Yes," please .....  
fully explain: .....
4. Provide total construction values for each of the past five years: .....
5. Please list your ten largest projects in terms of construction values during the past five years. Provide name, location, type, client, nature of services rendered and status.  
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6. Has any insurer cancelled or refused to renew any similar insurance for your firm or any predecessor firm? ☐ Yes ☐ No  
If "Yes," please .....  
give details: .....